




LAKE FOREST ACADEMY

Midwestern Heart. Global Mind.

2024-2025

BENEFITS ENROLLMENT GUIDE





The information in this enrollment guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancies between this guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your guide, contact Human Resources.

Employee Navigator

1 1ST TIME USERS: SETTING UP YOUR ACCOUNT

New Hires - Creating Your Account For the First Time

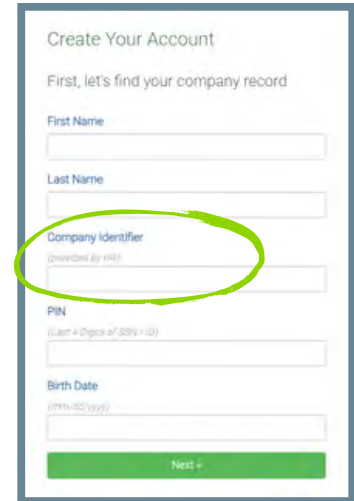
Scan the QR Code to navigate to the registration page:



<https://www.employeenavigator.com/benefits/account/register>

Find your company record by entering the following on the Create Your Account page:

- First & Last Name
- Company Identifier: **LakeForestAcademy**
- PIN (last 4 of SSN)
- Birth Date
- Click NEXT



Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN - 00)

Birth Date
(mm-dd-yyyy)

Next >

Create your Username & Password

- Enter company email for username (personal email also works)

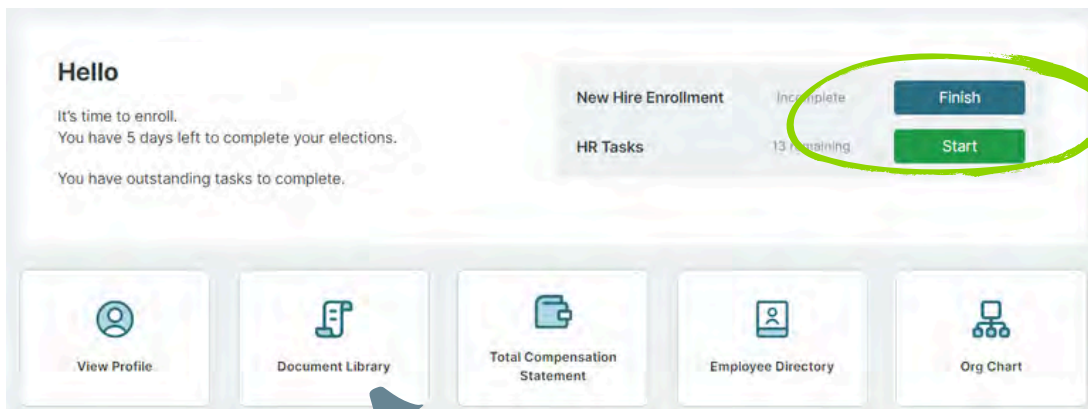
2 RETURNING USERS: AFTER YOUR ACCOUNT IS SET UP

Enroll In Your Benefits, Open Enrollment Elections, Add Life Events, Check Current Coverage or View Benefit Summaries

Scan the QR Code to navigate to your Home page or visit:

<https://www.employeenavigator.com/benefits/Account/login>

- Click on the Start Enrollment button to start your enrollment process.



Hello

It's time to enroll.
You have 5 days left to complete your elections.

You have outstanding tasks to complete.

New Hire Enrollment Incomplete **Finish**

HR Tasks 13 remaining **Start**

View Profile Document Library Total Compensation Statement Employee Directory Org Chart

If you are looking for additional information on coverage, benefits, policy documents, Pharmacy list, etc., check out the Document Library shortcut on the homepage. You can find all of your benefit summaries stored here.

Where do I find more information on my benefits?

What I Need to Know?



Who Is Eligible?

Employees with Lake Forest Academy are eligible to enroll in the benefits outlined in this guide if working full-time. In addition, your dependents (spouse, natural or adopted child, grandchild or child for whom you have legal guardianship) are eligible for these benefits.

How To Enroll?

Are you ready to enroll? All of your benefit elections will be made in the [Employee Navigator](#) Benefits portal, see instructions on the following page. Here, you will verify your personal information, add dependents (if applicable) and make your initial benefit elections.

The decisions you make during your initial enrollment or open enrollment can have a significant impact on your life and finances, so it is important to weigh your options carefully.

When To Enroll?

The benefit choices you make now will cover you and your dependents through the plan year. [The plan year and deductible runs July 1 - June 30 of each year.](#)

New employees are eligible for benefits on their date of hire.

How To Make Changes?

Unless you experience a HIPAA Special Enrollment event, you cannot make changes to the benefits you elect until the next open enrollment period. A Special Enrollment event would include: A loss of eligibility for other health coverage, termination of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP), the acquisition of a new spouse or dependent by marriage, birth, adoption or placement for adoption, or becoming eligible for a premium assistance subsidy under Medicaid or a state CHIP. In the case of a HIPAA Special Enrollment, you have [30 days](#) to make changes to your benefit plans.

Your Benefits

BENEFITS	CARRIER	WHO CONTRIBUTES	PREMIUM TAX TREATMENT
Medical Insurance	Blue Cross Blue Shield	You & Your Employer	Pre-tax
Health Savings Account	HRPro	You & Your Employer	Pre-tax
Dental Insurance	Guardian Life	Your Employer	Pre-tax
Vision Insurance	Vision Service Plan	You	Pre-tax
Flexible Spending Account	HRPro	You	Pre-tax
Basic Life and AD&D Insurance	Mutual of Omaha	Your Employer	n/a
Voluntary Life and AD&D Insurance	Mutual of Omaha	You	Post-tax
Long Term Disability Insurance	Mutual of Omaha	Your Employer	n/a
Allstate Identity Protection	Allstate Benefits	You	Pre-tax

Did You Know?

Pre-tax vs. Post-tax Deductions



Pre-tax Deductions:

Costs of benefit elections are taken from your paycheck before any applicable taxes are deducted.



Post-tax Deductions:

Taken from your paycheck after any applicable taxes are deducted.

Health Insurance

Blue Cross Blue Shield IL

Lake Forest Academy offers three plan designs with BCBS of IL effective July 1, 2024. For any eligible employee enrolled in a HDHP (high deductible health plan), LFA contributes money into the individual's Health Savings Account. Employees can also contribute to the Health Savings Account through payroll, and elections can be changed at any time.

OPTIONS	HSA MIEEA3033 HDHP	HSA MPS 91605 HDHP	HMO* MIBAH2020
DEDUCTIBLE	\$2,500 Single \$5,000 Family	\$1,500 Single \$3,000 Family	\$0 Single \$0 Family
COINSURANCE	80% BCBS 20% Employee	Varies based upon Service	N/A
MEDICAL MAX OUT-OF-POCKET	\$5,000 Single \$7,350 Family	\$3,000 Single \$6,000 Family	\$1,500 Single \$3,000 Family
PREVENTIVE CARE	No Charge	No Charge	No Charge
OFFICE VISIT	Deductible then 80% Coinsurance	\$0 After Deductible	\$20 Copay
SPECIALIST VISIT	Deductible then 80% Coinsurance	\$0 After Deductible	\$40 Copay
URGENT CARE	Deductible then 80% Coinsurance	Deductible then 100% Coinsurance	\$20 Primary Care \$40 Specialist
EMERGENCY ROOM	Deductible then 80% Coinsurance	Deductible then 90% Coinsurance	\$250 Copay Waived if admitted
PHARMACY BENEFIT	Deductible and Coinsurance	Deductible then 80% Coinsurance	Generic: \$0 Generic Non-Preferred: \$10 Brand Preferred: \$50 Brand Non-Preferred: \$100
OUT-OF-NETWORK <small>SEE SBC FOR FURTHER DETAILS</small>	\$5,000 Single Deductible \$10,000 Family Deductible \$15,000 Single Max OOP \$22,050 Family Max OOP	\$1,500 Single Deductible \$3,000 Family Deductible \$3,000 Single Max OOP \$6,000 Family Max OOP	Not Covered
HSA ELIGIBLE?	Yes	Yes	No

*Participants can find quality services within the BCBS of IL HMO Advantage Network for very affordable rates, as long as the services are within a dedicated hospital network of the participants' choosing. Of the three most commonly used hospitals by LFA community members, both Northshore University Healthsystem and Advocate Condell accept this HMO Advantage plan as in-network, but not Northwestern University Healthsystem.

FIND A DOCTOR

Website: www.bcbsil.com
Customer Service: (800) 810-2583

Lake Forest Website:
lfahrandbenefits.weebly.com



LFA Blue Cross Blue Shield Medical Plans at a Glance

The following outlines benefits for LFA medical plans and shows the amounts YOU PAY for covered services after you meet the annual deductible (unless otherwise noted).

	BlueEdge HSA MIEEA2030 - \$2,500 Plan		BlueEdge HSA MPS91605 - \$1,500 Plan		BCBS HMO Advantage MIBAH2020	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
LFA contribution to Health Savings Account (HSA)	\$1,500 individual annually (\$750/six months) \$2,500 family annually (\$1,250/six months) \$3,000 2EE family annually (\$1,500/six months)		\$1,000 individual annually (\$500/six months) \$1,500 family annually (\$750/six months) \$2,000 2EE family annually (\$1,000/six months)		HMO plans are not eligible for HSA participation	
Annual deductible^{4,5}	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family	\$0	\$0
Out-of-pocket limits	\$5,000 individual \$7,350 family	\$15,000 individual \$22,050 family	\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family
Office visit						
• Primary care	20%	40%	\$0 after deductible	20%	\$20/visit	Not Covered
• Specialist	20%	40%	\$0 after deductible	20%	\$40/visit	Not Covered
Preventive care, screenings & immunizations	No charge	No charge	No charge	No charge	No Charge	Not Covered
Inpatient hospital						
• Facility fee, physician fee	20%	\$300/visit + 40%	\$0 after deductible	20%	No Charge	Not Covered
Outpatient surgery						
• Facility fee, physician fee	20%	40%	\$0 after deductible	20%	No Charge	Not Covered
Emergency room	20%	20%	10%	20%	\$250/visit	Not Covered
X-ray and lab	20%	40%	\$0 after deductible	20%	No Charge	Not Covered
Chiropractic	20% up to 30 visits annual max	40% up to 30 visits annual max	20% up to 30 visits annual max	40% up to 30 visits annual max	\$40/visit	Not Covered
Prescription drugs						
Retail (30-day supply)						
• Generic	10%	20%	20%	20%	No Charge	Not Covered
• Generic non-preferred					\$10	Not Covered
• Brand preferred	20%	20%	20%	20%	\$50	Not Covered
• Brand non-preferred	30%	30%	20%	20%	\$100	Not Covered
Home Delivery (90-day supply)						
• Generic					No Charge	Not Covered
• Generic non-preferred	10%	20%	20%	20%	\$20	Not Covered
• Brand preferred	20%	20%	20%	20%	\$100	Not Covered
• Brand non-preferred	30%	30%	20%	20%	\$200	Not Covered
Specialty						
• Preferred	40%	40%	20%	20%	\$150	Not Covered
• Non-preferred	50%	50%	20%	20%	\$250	Not Covered

Health Insurance

Blue Cross Blue Shield IL

Lake Forest Academy Benefit Contributions 2024-2025

Medical - Blue Cross Blue Shield

BCBS HMO Advantage MIBAH2020

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)
Employee Only	\$813.56	\$813.56	\$0.00	\$0.00
Family with 2 Employees	\$2,397.22	\$2,397.22	\$0.00	\$0.00
Employee & Child(ren)	\$1,532.60	\$1,482.60	\$50.00	\$25.00
Employee & Spouse	\$1,678.18	\$1,603.18	\$75.00	\$37.50
Employee & Family	\$2,397.22	\$2,157.22	\$240.00	\$120.00

BlueEdge HSA MIEEA2030 - \$2,500/\$5,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	\$898.59	\$878.59	\$20.00	\$10.00	\$1,500
Family with 2 Employees	\$2,647.78	\$2,587.78	\$60.00	\$30.00	\$3,000
Employee & Child(ren)	\$1,692.79	\$1,443.79	\$249.00	\$124.50	\$2,500
Employee & Spouse	\$1,853.58	\$1,524.58	\$329.00	\$164.50	\$2,500
Employee & Family	\$2,647.78	\$2,092.78	\$555.00	\$277.50	\$2,500

BlueEdge HSA MPS91605 - \$1,500/\$3,000 Deductible Plan

	Monthly Premiums Per Employee	LFA Monthly Contribution Per Employee	Employee Monthly Contribution	Employee Cost per Payperiod (24)	LFA Annual HSA Contribution
Employee Only	\$1,036.45	\$879.45	\$157.00	\$78.50	\$1,000
Family with 2 Employees	\$3,053.96	\$2,573.96	\$480.00	\$240.00	\$2,000
Employee & Child(ren)	\$1,952.47	\$1,431.47	\$521.00	\$260.50	\$1,500
Employee & Spouse	\$2,137.94	\$1,510.94	\$627.00	\$313.50	\$1,500
Employee & Family	\$3,053.96	\$2,072.96	\$981.00	\$490.50	\$1,500

Prescription Drug Savings Tips



Why We Pay Too Much for Our Prescriptions

Prices for prescription drugs vary widely between pharmacies. U.S. drug prices are neither fixed nor regulated.

How GoodRx can help me?



Every week GoodRx collects millions of prices and discounts from pharmacies, drug manufacturers and other sources to help you find the lowest cost for your prescription.

How does it work?

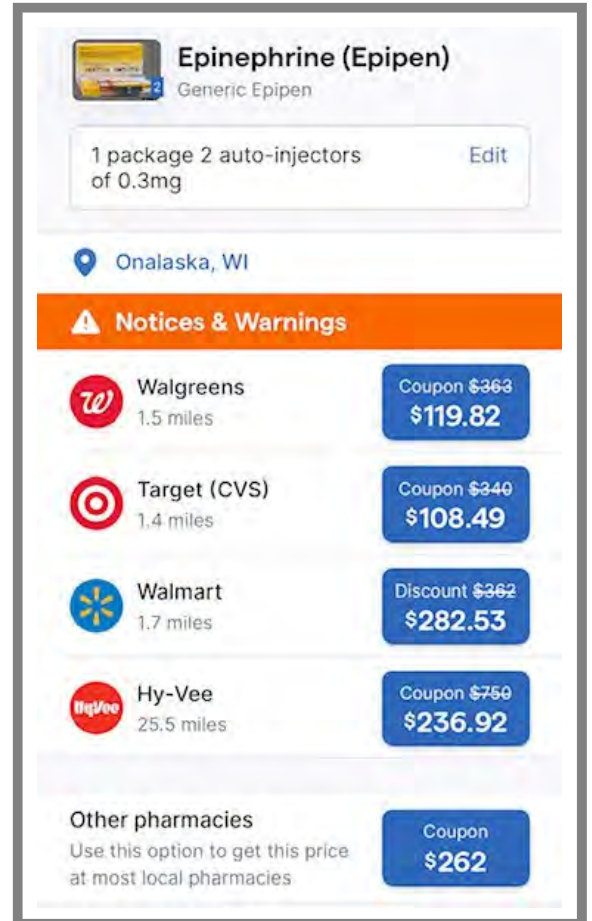


Free website allows you to search to compare prices for your prescription at pharmacies near you. Just simply show the app to your pharmacist when picking up your prescription.

No Cost!



GoodRx is 100% free. Get discounts for every family member, even pets! No quantity limits.







Epinephrine (Epipen)
Generic Epipen

1 package 2 auto-injectors of 0.3mg Edit

Onalaska, WI

Notices & Warnings

 Walgreens 1.5 miles	Coupon \$363 \$119.82
 Target (CVS) 1.4 miles	Coupon \$340 \$108.49
 Walmart 1.7 miles	Discount \$362 \$282.53
 Hy-Vee 25.5 miles	Coupon \$750 \$236.92

Other pharmacies
Use this option to get this price at most local pharmacies Coupon **\$262**

www.GoodRx.com



***Note! If you use the GoodRx coupon you are bypassing your insurance and what you spend does not apply to your deductible or out-of-pocket maximum.**

Health Savings Account (HSA)

Only applicable if enrolling in the HSA Health Plan

A Health Savings Account (HSA) is an employee-owned account meant to pay for healthcare expenses. To maximize tax benefits, HSA funds must be used for qualified medical, dental, vision and pharmaceutical expenses.

Annual Contributions Limits

Individual Maximum:
2024: \$4,150

Family Maximum:
2024: \$8,300

Catch Up Contribution:
An additional \$1,000 annual can be made for members 55 and older.

Bank:
HRPro

Lake Forest will Contribute to the HSA with a deposit on both July 15 and January 15 as follows:

HDHP \$2,500/\$5,000

Single \$750
Spouse \$1,250
Child \$1,250
Family \$1,250
2 Employee Family \$1,500

HDHP \$1,500/\$3,000

Single \$500
Spouse \$750
Child \$750
Family \$750
2 Employee Family \$1,000

Why an HSA?

- You can make pre-tax deposits to the account through payroll deductions.
- An HSA account reduces your taxable income by up to 28%.
- These accounts operate just like a checking account with a debit card.
- You own the HSA account. If there is a transition of employment, the money and the account goes with you.
- The money in the account can be rolled over from one year to the next, potentially building up thousands of dollars over time if funds are not used. There is no "use it or lose it" feature.
- At age 65, you can use your HSA dollars to pay for any non-qualified medical expenses, however, you won't be eligible to take full advantage of the tax savings as you will be required to pay state and federal taxes on those non-qualified distributions.

How much can I save by using an HSA? This example shows an individual earning \$40,000 per year, with an additional \$600 of take home income by using an HSA vs. paying for medical expenses out of pocket with after tax money.

	Without HSA	With HSA
You Earn:	\$3,333 per month	\$3,333 per month
You Set Aside (Pre-Tax):	\$0 per month	\$200 per month
IRS Taxes You on:	\$3,333 per month	\$3,133 per month
Dollars spent on medical, dental & vision expenses for your family	\$2,400 per year	\$2,400 per year
You Take Home:	\$27,600 per year	\$28,200 per year

Your personal income and tax savings may vary based on income, tax rate, and the amount you contribute to your HSA account.

- I am not a dependent on someone else's tax return
- I am not receiving Medicare, VEBA, or TRICARE benefits
- I am covered by a high deductible health plan (HDHP) HSA eligible health plan
- I am not covered under any other type of health insurance plan other than a HDHP (except for insurances specific to injuries, accidents, disability, dental, vision, or long-term care)
- The only FSAs I have, if any, are limited purpose, after-tax, or dependent care

Am I eligible to contribute to an HSA?

Dental Insurance

Guardian Guard PPO

LFA offers a generous dental plan for employees. Log into Guardian to find a dentist, access claims and other coverage information.

SERVICES	IN-NETWORK DENTAL GUARD PPO
DEDUCTIBLE	\$50/Single \$150/Family
Individual Annual Maximum Per person, per calendar year	\$1,500
Preventative Services No deductible applies	100% Covered
Basic Services	80% Covered after Deductible
Major Services	50% Covered after Deductible
Orthodontia Eligible for dependent children to age 19	50% up to \$1,500 Lifetime Maximum

Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply. The plan does not pay for: Oral hygiene services (except as covered under preventive services), Orthodontia (unless expressly provided for), Cosmetic or experimental treatments (unless they are expressly provided for).

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract # GP-1-DEN -16 et al. Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

Your Cost Per Paycheck (24)

Employee Only
\$0

Family
\$35

FIND A
DENTIST

Network: Dental Guard Pref NAP - Chicago

You can go to any dentist, however those who belong to the Dental Guard Pre- Chicago will be most cost effective.

Customer Service: Guardianlife.com | 888-482-7342

Vision Insurance

VSP

Lake Forest Academy offers vision insurance as a voluntary benefit meaning you pay 100% of the premium should you decide to participate.

COVERED BENEFITS	DESCRIPTION	COPAY
Vision Exam	Exam focusing on your eyes and overall wellness	\$10 Copay
Frame	\$150 Featured frame brands allowance \$130 Frame allowance 20% Savings on amount over allowance	\$30 Copay
Lenses	Single Vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependents	\$30 Copay
Lens Enhancements	Standard progressive lenses Progressive lenses Custom progressive lenses	\$0 \$80-\$90 \$120-160
Contact Lenses	\$130 Allowance Copay does not apply Contact Lens Exam (fitting and evaluation)	Up to \$60
Primary EyeCare	Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members.	
Frequency of Services Based on Calendar Year	Every 12 months: Exam and Lenses <u>OR</u> Contacts Every 24 months: Frames	

Glasses and Sunglasses: Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.

Routine Retinal Screening: No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam

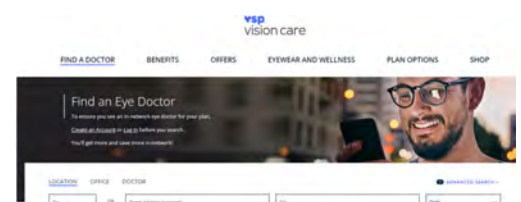
Laser Vision Correction: Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

Your Cost Per Paycheck (24)

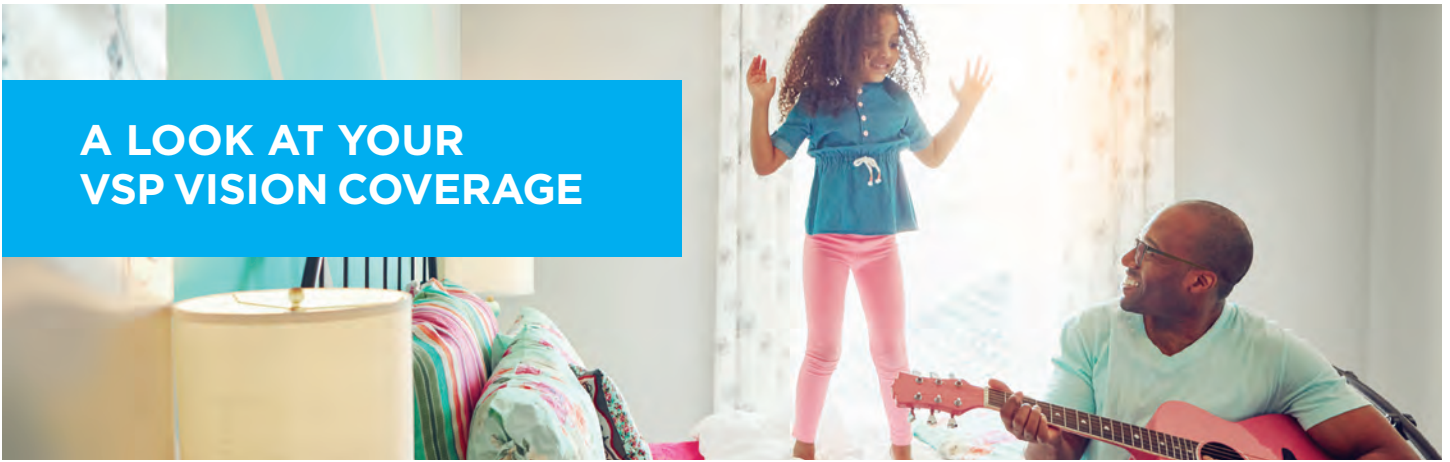
Employee Only \$4.39	Employee Plus One \$7.01	Employee & Child(ren) \$7.16	Family \$11.54
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Network: VSP Signature
Customer Service: 1-800-877-7195



A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM LAKE FOREST ACADEMY AND VSP.



Enroll in VSP® Vision Care to get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



USING YOUR BENEFIT IS EASY!

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

Like shopping online? Go to **eyeconic.com** and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

GET YOUR PERFECT PAIR

EXTRA \$20 +
TO SPEND ON
FEATURED FRAME BRANDS*

bebe CALVIN KLEIN COLE HAAN FLEXON
LACOSTE   NINE WEST

SEE MORE BRANDS AT [VSP.COM/OFFERS](https://vsp.com/offers).

UP
TO **40%**
SAVINGS ON LENS
ENHANCEMENTS



Enroll today.

Contact us: **800.877.7195** or vsp.com

YOUR VSP VISION BENEFITS SUMMARY

LAKE FOREST ACADEMY and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Signature

EFFECTIVE DATE:

07/01/2021



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP PROVIDER			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
PRESCRIPTION GLASSES		\$30	See frame and lenses
FRAME	<ul style="list-style-type: none"> \$150 featured frame brands allowance \$130 frame allowance 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 40% on other lens enhancements 	\$0 \$80 - \$90 \$120 - \$160	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
PRIMARY EYECARESM	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration. Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 \$20 per exam	As needed
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. 		
	Routine Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		

YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Classification: Restricted

©2021 Vision Service Plan. All rights reserved.

VSP, VSP Vision Care for life, Eyeconic, and WellVision Exam are registered trademarks, VSP Diabetic Eyecare Plus Program is servicemark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Flexible Spending Account (FSA)

HRPro

What is an FSA?

An account that allows you to pay for out-of-pocket medical, dental, vision & dependent care expenses with PRE-TAX dollars.

*Taxable savings are based on your own income.

You can save approximately 28% of each dollar spent on these expenses when you participate in an FSA.

EXAMPLE

Bob & Jane combined gross income is \$30,000. They have two children & file their income taxes jointly. Since Bob & Jane expect to spend \$2,000 in adult orthodontia & \$3,000 for day care next plan year, they decide to direct a total of \$5,000 into their FSAs.

	Without FSAs	With FSAs
Gross Income	\$30,000	\$30,000
FSA Contributions	\$0	-\$5,000
Gross Income	\$30,000	\$25,000
Estimated Taxes		
Federal	-\$2,550	-\$1,776
State	-\$900**	-\$750
FICA	-\$2,295	-\$1,913
After-tax Earnings	\$24,255	\$20,561
Eligible out-of-pocket		
Medical & Dependent Care Expenses	-\$5,000	\$0
Remaining Spendable Income	\$19,255	\$20,561
Spendable Income Increase		\$1,306

*Assumes standard deductions and four exemptions.

**Varies, assume 3%. The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.

THE BENEFIT

2024 Health Care FSA Plan Year Limits: \$3,200

Eligible Expenses:
Medical, Dental, Vision

2024 Limited Health Care FSA Plan Year Limits: \$3,200

Eligible Expenses:
Dental, Vision

Maximum Rollover Health Care FSA or Limited Health Care FSA: \$640 (Applies to funds from 2024 to 2025)

Dependent Care FSA Maximum Contribution: Married & filing separately = \$2,500

Dependent Care FSA Maximum Contribution: Single/Married filing jointly = \$5,000

When Bob & Jane incur an expense, they pay for the expense using their HRPro Debit Card OR they submit a claim including a receipt or statement showing:

1. The date of service,
2. The family member that incurred the expense,
3. The amount due.

A reimbursement is then issued to the employee via in the format chosen at enrollment.

You may submit your FSA claims to HR PRO by using one of the following options:

- Online portal: www.hrpro.com
- Download the HR Pro Mobile App
- Purchase items on the FSA Store, or
- Paper claim form:
1025 N. Campbell Rd Royal Oak MI 48067

Flexible Spending Account (FSA) HRPro

Flexible Spending Account Claim Form

1025 N. Campbell Road, Royal Oak, MI 48067
800.989.8776 • p: 248.543.2644
f: 248.543.2296
www.HRPro.com



YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT WWW.HRPRO.COM

This form is to be used for non-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)

Employer Name:					
Employee Last Name:	First Name:	Last 4 digits of SSN			
Street Address:	City:	State:	Zip:		
Daytime Phone:	Email Address (For claim correspondence only):				

Health Care Eligible Expenses

Description of Eligible Expense	Date of Expense	Total Cost	Amount Paid by Any Plan	Your Cost (Claim Amount)	Expenses for: Name (And if Dependent, Relationship & DOB)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
TOTAL				\$	Check here to apply total to offset any pending repayment(s), if applicable.

Dependent Care Eligible Expenses

Care Provider Name	Fed ID# or SSN of Care Provider	Date of Care From	Date of Care To	Total Amount	Expenses for: Name, Relationship & DOB
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL				\$	

I certify that these expenses were incurred by myself and/or my eligible dependents. I further certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me, my spouse or another member of my family.

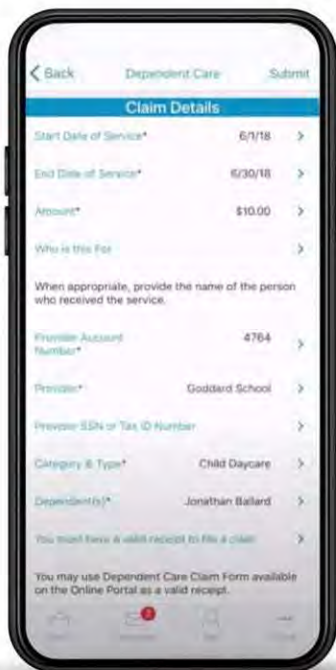
You may submit your FSA claims to HR PRO by using one of the following options:

- Online portal: www.hrpro.com
- Download the HR Pro Mobile App
- Purchase items on the FSA Store, or
- Paper claim form:
1025 N. Campbell Rd Royal Oak MI 48067

Managing Your Health Benefits On The Go

WITH THE HRPRO MOBILE APP

The HRPro member portal provides you with powerful self-service account access, plus education and decision support tools that help put you in the driver's seat with your healthcare finances.



FEATURES



With the **HRPro Mobile App**, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? The HRPro Mobile App puts the answers at your fingertips:

- Real-time access
- Fingerprint quick login
- Check available balances and account
- Summarizes of account information
- Messages and text alerts
- Link to an external web pages
- Retrieve lost usernames or passwords
- Use your device of choice – including Apple® and Android™-powered smartphones
- Submit claims
- Upload receipts by snapping a photo
- Make distributions
- Us the eligible expense scanner to scan items to see if they are qualified
- Add and store payees
- Report debit cards lost or stolen and much more!

Group Term Life Insurance

Mutual of Omaha

Full-Time employees (working 30 or more hours per week) of Lake Forest Academy are eligible for group term life insurance up to 2 times their salary. Employees may choose to purchase additional coverage for themselves and dependents through a supplemental life insurance plan.

The Benefit

Benefit Amount for You:

2 Times salary to maximum of \$400,000
(minimum of \$10,000)

Guarantee Issue: \$400,000

New hires only. Late entrants will require health application or evidence of insurability.

Group AD&D Benefit:

Same as Basic Life

AD&D Product Features

- Seatbelt Benefit
- Airbag Benefit
- Repatriation Benefit
- Education Benefit
- Spouse Training Benefit
- Day Care Benefit

FEATURES



Accelerated Death Benefit

If you are diagnosed as terminally ill, you may be able to receive up to 75% of your benefit amount in a lump sum up to \$300,000.

Additional Features

- Waiver of Premium
- Portability
- Conversion
- Beneficiary Resource Service
- Travel Resource Services

Services

- Travel Assistance
- Employee Assistance Program
- Hearing Discount Program
- Will Prep Services

Voluntary Term Life Insurance

Mutual of Omaha

Eligible employees of Lake Forest Academy (working 30 or more hours per week) may choose to purchase additional life insurance coverage for themselves and dependents through a supplemental life insurance plan. The plan is voluntary which means you pay 100% of the premium at a reduced group rate. Your dependents are spouse and dependent children up to the age of 26.

The Benefit

Benefit Amount for You:

\$20,000 - \$150,000

(increments of \$10,000)

Guarantee Issue: 5x annual salary to \$150,000

Benefit Amount for Spouse:

\$10,000 - \$50,000

(increments of \$10,000)

Guarantee Issue: 100% of employee's benefit to \$50,000

Benefit Amount for Child(ren)

\$2,500 - \$10,000

(increments of \$2,500)

Guarantee Issue: 100% of employee's benefit to \$10,000

FEATURES



Accelerated Death Benefit

If you are diagnosed as terminally ill, you may be able to receive up to 75% of your benefit amount in a lump sum up to \$112,500.

Additional Features

- Waiver of Premium
- Portability
- Conversion
- Beneficiary Resource Service
- Travel Resource Services

Services

- Travel Assistance
- Employee Assistance Program
- Hearing Discount Program
- Will Prep Services

Things to consider:

- Final Expenses & Other Debt
- Funeral costs, medical expenses, mortgage, credit card debt.
- Ongoing Expenses
- Food, clothing, housing, utilities, transportation, health care, insurance.
- Future Expenses
- College, retirement



How much is enough?

Voluntary Term Life Insurance

Mutual of Omaha

Eligible employees of Lake Forest Academy (working 30 or more hours per week) may choose to purchase additional life insurance coverage for themselves and dependents through a supplemental life insurance plan. The plan is voluntary which means you pay 100% of the premium at a reduced group rate. Your dependents are spouse and dependent children up to the age of 26.

Rates for Voluntary Life and AD&D

	Minimum Amount	Guarantee Issue (No medical questions asked) Applies to initial enrollment only	Maximum Amount (Will have to answer medical questions)
For You	\$20,000	5 times annual salary, up to \$150,000	5 times annual salary, up to \$150,000
Spouse	\$10,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$50,000
Children	\$2,500	100% of employee's benefit up to \$10,000	\$10,000

EMPLOYEE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000	\$110,000
0 - 29	\$0.70	\$1.05	\$1.40	\$1.75	\$2.10	\$2.45	\$2.80	\$3.15	\$3.50	\$3.85
30 - 34	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00	\$4.40
35 - 39	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50	\$7.15
40 - 44	\$2.20	\$3.30	\$4.40	\$5.50	\$6.60	\$7.70	\$8.80	\$9.90	\$11.00	\$12.10
45 - 49	\$3.40	\$5.10	\$6.80	\$8.50	\$10.20	\$11.90	\$13.60	\$15.30	\$17.00	\$18.70
50 - 54	\$5.10	\$7.65	\$10.20	\$12.75	\$15.30	\$17.85	\$20.40	\$22.95	\$25.50	\$28.05
55 - 59	\$8.80	\$13.20	\$17.60	\$22.00	\$26.40	\$30.80	\$35.20	\$39.60	\$44.00	\$48.40
60 - 64	\$14.10	\$21.15	\$28.20	\$35.25	\$42.30	\$49.35	\$56.40	\$63.45	\$70.50	\$77.55
65 - 69	\$14.60	\$21.90	\$29.20	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	\$73.00	\$80.30
70 - 74	\$14.10	\$21.15	\$28.20	\$35.25	\$42.30	\$49.35	\$56.40	\$63.45	\$70.50	\$77.55
75+	\$118.10	\$177.15	\$236.20	\$295.25	\$354.30	\$413.35	\$472.40	\$531.45	\$590.50	\$649.55

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. Your spouse's rate is based on your spouse's age, so find your spouse's age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)					
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
0 - 29	\$0.35	\$0.70	\$1.05	\$1.40	\$1.75
30 - 34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00
35 - 39	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25
40 - 44	\$1.10	\$2.20	\$3.30	\$4.40	\$5.50
45 - 49	\$1.70	\$3.40	\$5.10	\$6.80	\$8.50
50 - 54	\$2.55	\$5.10	\$7.65	\$10.20	\$12.75
55 - 59	\$4.40	\$8.80	\$13.20	\$17.60	\$22.00
60 - 64	\$7.05	\$14.10	\$21.15	\$28.20	\$35.25
65 - 69	\$7.30	\$14.60	\$21.90	\$29.20	\$36.50

ALL CHILDREN PREMIUM TABLE (24 PAYROLL DEDUCTIONS PER YEAR)*			
\$2,500	\$5,000	\$7,500	\$10,000
\$0.20	\$0.40	\$0.60	\$0.80

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Group Long-Term Disability

Mutual of Omaha

Your employer provides full-time employees working 30 or more hours per week with a Long-Term Disability insurance and pays 100% of the premium cost. If you get sick or hurt and can't work, you still need to provide for yourself and your loved ones. Sick leave and/or PTO will help but they only last so long. Long-Term Disability helps you make ends meet during this difficult time.

THE BENEFIT

Benefit Begins:

After 90 days

Benefits Payable:

60% of monthly earnings

Maximum Benefit:

\$8,000 per month

Benefit Duration:

If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Retirement Age or 3.5 years whichever is longest. At age 62 (and older) the benefit period will be based upon a reduced duration schedule.

PAYCHECK PROTECTION

Keep Up With Expenses

You receive a cash benefit each month to help you keep up with your expenses, such as:

- Rent (or mortgage)
- Child care
- Medical bills
- Car payments or repairs
- Groceries
- Utilities & more

Features

- Vocational Rehabilitation Benefit
- Survivor Benefit
- Reasonable Accommodation
- Travel Assistance
- Employee Assistance Program
- Hearing Discount Program

90 Days

See Benefit Duration
(based on age at disability)

Short-Term
Disability

Long-Term Disability

Available Services When You Need Help the Most



Life isn't always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. During these tough times, it's important to have someone to talk with to let you know you're not alone!

With Mutual of Omaha's Employee Assistance Program, you can get the help you need so you spend less time worrying about the challenges in your life and can get back to being the productive worker your employer counts on to get the job done.

Learn more about the Employee Assistance Program services available to you.

We are here for you

Visit the Employee Assistance Program website to view timely articles and resources on a variety of financial, well-being, behavioral and mental health topics.

mutualofomaha.com/eap or call us: 1-800-316-2796

Basic EAP Services

Features	Value to Company and Employees
Employee Family Clinical Services	<ul style="list-style-type: none"> An in-house team of Master's level EAP professionals who are available 24/7/365 to provide individual assessments Outstanding customer service from a team dedicated to ongoing training and education in employee assistance matters Access to subject matter experts in the field of EAP service delivery
Counseling Options	<ul style="list-style-type: none"> Three calls per year (per household) with our in-house Master's level EAP professionals, who will provide the caller with community resources Additional community resources or possible counseling options come at the expense of the employee

Basic EAP Services (Continued)

Features	Value to Company and Employees
Access	<ul style="list-style-type: none"> ▪ 1-800 hotline with direct access to a Master's level EAP professional ▪ 24/7/365 services available ▪ Telephone support available in more than 120 languages ▪ Online submission form available for EAP service requests
Online Services	<ul style="list-style-type: none"> ▪ An inclusive website with resources and links for additional assistance, including: <ul style="list-style-type: none"> ▪ Current events and resources ▪ Family and relationships ▪ Emotional well-being ▪ Financial wellness ▪ Substance abuse and addiction ▪ Legal assistance ▪ Physical well-being ▪ Work and career ▪ Bilingual article library
Employee Family Legal Services	<ul style="list-style-type: none"> ▪ Valuable resources available via website <ul style="list-style-type: none"> ▪ Legal libraries & tools ▪ Legal forms ▪ 1 Legal consultation with an attorney per year (up to 30 minutes) <ul style="list-style-type: none"> ▪ 25% discount for ongoing legal services for same issue
Employee Family Work/Life Services	<ul style="list-style-type: none"> ▪ Child care resources and referrals ▪ Elder care resources and referrals
Employee Family Financial Services	<ul style="list-style-type: none"> ▪ Inclusive financial platform powered by Enrich ▪ Personal financial assessment tool ▪ Personalized courses, articles & resource to meet financial needs ▪ Ongoing progress reports on financial health
Employee Communication	<ul style="list-style-type: none"> ▪ All materials available in English and Spanish
Eligibility	<ul style="list-style-type: none"> ▪ Full-time employees and their immediate family members; including the employee, spouse and dependent children (unmarried and under 26) who reside with the employee
Coordination with Health Plan(s)	<ul style="list-style-type: none"> ▪ EAP professionals will coordinate services with treatment resources/providers within the employee's health insurance network to provide counseling services covered by health insurance benefits, whenever possible

Insurance products and services are offered by Mutual of Omaha Insurance Company or one of its affiliates. Mutual of Omaha Insurance Company is licensed nationwide. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Companion Life Insurance Company is licensed in New York. Each underwriting company is solely responsible for its own contractual and financial obligations. Some exclusions or limitations may apply. Not all services available in New York.

Our New Financial Wellness Tool Can Benefit You



How do you feel about your current financial situation? Nearly half of all employees nationwide say they worry about their personal finances while at work.* We don't want you to be part of that statistic.

To help you make better informed financial decisions, you now have access to a new financial wellness tool that's part of Mutual of Omaha's Employee Assistance Program.

The financial wellness tool from Enrich is a convenient, one-stop shop that provides you access to a variety of informational and educational resources with one goal in mind - to help you become financially healthy.

Here are the resources you'll find in the financial wellness tool:

- Online courses
- Webinars and financial coaching videos
- Budgeting tools and calculators
- Career development tools
- Chat functionality for technical support
- *And more!*

The availability of this tool comes at a great time as you are putting more focus and effort into exploring solutions to your financial situation.



Here's how it works:

Go to mutualofomaha.com/eap.

Click on **Managing Finances** to locate the Enrich link.

Click **Sign Up**.

Complete **registration** information and begin.

Set up your profile:

It's as easy as 1-2-3!

1. Complete your Financial Wellness Checkup. This will help Enrich make personalized recommendations for content, tools and courses.
2. Choose a cover photo of your top financial goals.
3. Upload a profile photo.



* Source: PwC's 9th annual Employee Financial Wellness Survey, PwC US, 2020.

This is not health insurance. Financial Wellness tools are offered through igrad. Although Mutual of Omaha Insurance Company (Mutual of Omaha) makes Enrich's services available to EAP customers, the use of Enrich's services is entirely voluntary. Mutual of Omaha does not provide, are not responsible for, do not assume an liability for and do not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Enrich. Mutual of Omaha is not responsible and do not assume liability for any disclosure of personal data or information by Enrich. Services are only available to EAP customers of Mutual of Omaha.

WORLDWIDE TRAVEL ASSISTANCE THAT TRAVELS WITH YOU



Take comfort in knowing that Travel Assistance* travels with you worldwide, offering access to a network of professionals who can help you with local medical referrals or provide other emergency assistance services in foreign locations.

Enjoy Your Trip

We'll Be There If You Need Us — 24/7

Travel Assistance can help you avoid unexpected bumps in the road anywhere in the world. For you, your spouse and dependent children on any single trip, up to 120 days in length, more than 100 miles from home.

Pre-trip Assistance**

Minimize travel hassles by calling us pre-departure for:

- Information regarding passport, visa or other required documentation for foreign travel
- Travel, health advisories and inoculation requirements
- Domestic and international weather forecasts
- Daily foreign currency exchange rates
- Consulate and embassy locations
- Translation and Interpreter Services for emergency situations while traveling internationally

Emergency Travel Support Services

- **Telephonic translation and interpreter services** — 24/7 access to telephone translation services
- **Locating legal services** — referrals for local attorney or consular offices and help maintain business and family communications until legal counsel is retained (includes coordination of financial assistance for bonds/bail)
- **Baggage** — assistance with lost, stolen or delayed baggage while traveling on a common carrier
- **Emergency payment and cash** — assistance with advance of funds for medical expenses or other travel emergencies by coordinating with your credit card company, bank, employer, or other sources of credit; includes arrangements for emergency cash from a friend, family member, business or credit card
- **Emergency messages** — assistance with recording and retrieving messages between you, your family and/or business associates at any time
- **Document replacement** — coordination of credit card, airline ticket or other documentation replacement
- **Vehicle return** — if evacuation or repatriation is necessary, return your unattended vehicle to the car rental company



613210 *Brought to you by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175. Services provided by AXA Assistance USA (AXA)

**Available at any time, not subject to 100 mile travel radius



Worldwide Travel Assistance

Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658



Worldwide Travel Assistance

Services available for business and personal travel.

For inquiries within the U.S. call toll free:

1-800-856-9947

Outside the U.S. call collect:

(312) 935-3658

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status with family, physicians, employer, travel company and consulate
- Emergency evacuation if adequate medical facilities are not available, including payment of covered expenses
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements for the visit of a family member or friend if your hospitalization is more than seven calendar days
- Return home for dependent children if your hospitalization is more than seven calendar days
- Assistance with lodging arrangements if convalescence is needed prior to, or after, medical treatment
- Coordination with your health insurance carrier during a medical emergency
- Assistance obtaining prescription drugs or other necessary personal medical items

Identity Theft

Your Travel Assistance benefit automatically includes Identity Theft Assistance, coordinated at no additional cost. Whether at home or traveling, this benefit provides education, prevention and recovery information to help you protect your identity.

Education and Prevention

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft

Recovery Information

- Information regarding the steps to recover from credit card and check fraud
- Guidelines if your Social Security number is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

Assistance

If you need help with an ID theft issue, case managers are available 24 hours a day, seven days a week and can be reached by calling the same toll-free number used to contact AXA: 800-856-9947.

Travel Assistance Plan Limitations

AXA will not pay emergency evacuation, medically necessary repatriation, repatriation of remains or other expenses incurred while traveling within 100 miles of participant's place of residence, or for any one of the following reasons:

- A single trip lasts more than 120 days in length
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy)

There is a maximum benefit amount per person associated with emergency evacuation, medical repatriation and/or return of mortal remains.

All additional costs would be the responsibility of the member. This includes medical costs which are the responsibility of the person receiving medical services. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program. No reimbursement claims for out-of-pocket expenses will be accepted.

Travel assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. AXA is not affiliated in any way with Mutual of Omaha companies. Each company is responsible for its own financial and contractual obligations. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will make all reasonable efforts to help you resolve the emergency situation. Both companies are responsible for their own contractual and financial obligations. Additional limitations may apply. Please contact AXA for specifics.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.



Carry this card with you
when you travel

Brought to you by Mutual of Omaha.
Services provided by AXA Assistance USA.

MUTUAL SOLUTIONS

IDENTITY THEFT ASSISTANCE

Essential Service For Your Protection



Each year millions of Americans become victims of identity theft. Information that personally identifies you, such as your name, Social Security number or credit card numbers can be stolen and used to commit fraud or other crimes.

Identity Theft Assistance, provided by AXA Assistance, helps you and your dependents understand the risks of identity theft, learn how to prevent it, and most importantly, assist you if your information is compromised.

ID Theft Assistance is available as part of your overall Travel Assistance package offered by your employer. Services include:

Awareness and Education

We help you understand the growing threat of identity theft by:

- Promoting awareness of identity theft
- Answering your questions about identity theft and how to recognize if you've become a victim
- Educating you on how to avoid having your identity stolen

Identity Theft Recovery Assistance*

If your identity is compromised, the most important thing to do is respond quickly. We will provide you with educational resources regarding the steps to take to recover your identity from credit card and check fraud. We will also provide you with a contact list for financial institutions, credit bureaus and check companies.

**It's important to note that this value added service is an educational resource and not a recovery service.*

Access ID Theft Assistance services
by calling AXA Assistance toll-free
at (800) 856-9947.



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Travel Assistance Services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Insurance benefits provided as part of Travel Assistance underwritten by a third party. Mutual of Omaha does not warrant or guarantee, or make any representation as to the quality of the services provided by AXA, or any provider to whom a referral is made by AXA. There may be times when circumstances beyond AXA Assistance USA's control hinder its endeavors to provide services. AXA Assistance USA will, however, make all reasonable efforts to provide such services and help you resolve the emergency situation. Each company is responsible for its own financial and contractual obligations. Additional limitations may apply. Please contact AXA for specifics.

WILL PREPARATION SERVICES

Services provided by Epoq, Inc.



Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Living Will and Trust
- Power of Attorney
- Healthcare Directive
- Pour-Over Will
- Last Will and Testament

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions from any device and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Create your will at www.willprepservices.com
and use the code **MUTUALWILLS** to register



Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Will and other document preparation services are independently offered by Epoq, Inc. (Epoq) and are subject to its terms of service and privacy policy. Epoq is an online service that provides certain legal forms and legal information. Epoq is not a law firm and is not a substitute for an attorney's advice. United of Omaha Life Insurance Company and Epoq are independent, unaffiliated companies. Although United of Omaha Life Insurance Company make Epoq's services available to group life insurance customers, the use of Epoq's services is entirely voluntary. United of Omaha Life Insurance Company does not provide, is not responsible for, does not assume any financial liability for and does not guarantee the accuracy, adequacy or results of any service, advice or documents provided by Epoq. United of Omaha Life Insurance Company also is not responsible and do not assume liability for any disclosure of personal data or information by Epoq. These services are only available to group life insurance customers of United of Omaha Life Insurance Company. This service is not available in New York.

YOUR HEARING DISCOUNT PROGRAM



Program Benefits

In addition to your hearing care benefit, you will have access to complimentary aftercare*, including:

- Custom hearing solutions** — wide choice of products from the industry's leading brands
- Risk-free trial** — find your right fit by trying your hearing aids for 60 days
- Follow-up care** — ensures a smooth transition to your new hearing aids
- Battery support** — battery supply or charging station to keep your hearing aids powered
- Warranty** — 3-year coverage for loss, repairs, or damage
- Financing** — no interest for those who qualify
- Savings for family and friends** — your parents, siblings, in-laws, and friends qualify, too

**Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care - for one year following purchase. Batteries - two year supply of batteries (80 cells/ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply. Contact Client Services at 1-844-267-5436 for details.*

Accessing Your Benefits is Easy

1. Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

To learn more visit amplifonusa.com/mutualofomaha.

	Level 1	Level 2	Level 3	Level 4	Level 5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	\$995	\$1,495	\$1,795	\$2,195	\$2,645



This is not health insurance. Hearing services are administered by Amplifon Hearing Health Care, Corp. Amplifon Hearing Health Care is solely responsible for the administration of hearing health care services, and its own financial and contractual obligations. Mutual of Omaha Insurance Company has been authorized to provide marketing services including sales. Mutual of Omaha Insurance Company and Amplifon are independent, unaffiliated companies.



AllstateSM

IDENTITY PROTECTION

stay connected, stay protected

Since so much of daily life is now spent online, it's more important than ever to stay connected. But more sharing online means more of your personal data may be at risk. In fact, 1 in 6 Americans were impacted by an identity crime in 2020.¹

Identity theft can happen to anyone. That's why your company is offering you Allstate Identity Protection as a benefit. So you can be prepared and help protect your identity and finances from a growing range of threats.

For over 85 years, Allstate has been protecting what matters most. Prepare for what's next with:

- ✓ Financial account and credit monitoring
- ✓ 24/7 alerts and fraud recovery
- ✓ Up to \$1 million identity theft expense reimbursement[†]

1: 2021 Identity Fraud Study, Javelin Strategy & Research

Sign up during
open enrollment

Questions? 1.800.789.2720

Plans and pricing

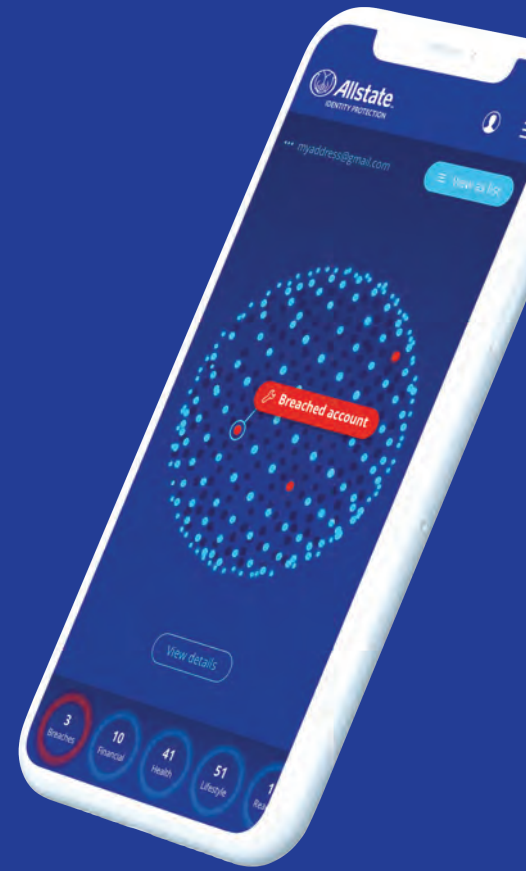
Allstate Identity Protection Pro Plus

\$4.98 Per Check (24) Employee Only

\$8.98 Per Check (24) Family

with Allstate Identity Protection Pro Plus, you'll be able to:

-  See and control your personal data with our unique tool, Allstate Digital FootprintSM
-  Monitor social media accounts for questionable content and signs of account takeover
-  View and manage alerts in real time
-  Catch fraud at its earliest sign with tri-bureau monitoring and an annual tri-bureau credit report and score
-  Lock your TransUnion credit report in a click and get credit freeze assistance
-  Check your identity health score
-  See if your IP addresses have been compromised
-  Receive alerts for cash withdrawals, balance transfers, and large purchases
-  Get reimbursed for fraud-related losses, like stolen 401(k) & HSA funds, with our up to \$1 million identity theft expense reimbursement†
-  Protect yourself and your family (everyone that's "under your roof and wallet")*



Protect your family

Kids' online identities can grow up faster than they do. Our family plan provides coverage for all ages, so you can help protect their personal data and give them a safe head start. If they are dependent on you financially or live under your roof, they're covered.*

* For family plans only

†Identity theft insurance covering expense and stolen funds reimbursement is underwritten by American Bankers Insurance Company of Florida, an Assurant company. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

Product may be updated or modified prior to availability. Certain features require additional activation. Allstate Identity Protection is offered and serviced by InfoArmor, Inc., a subsidiary of The Allstate Corporation.

It's easy to get started

- 1 Choose your plan**
 You're protected from your effective date.
- 2 Activate key features**
 Explore additional features in our easy-to-use portal.
- 3 Live your best life online**
 We've got your back with 24/7 alerts.

AllstateSM
 IDENTITY PROTECTION

2024 Government Notices

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS ** CONTINUATION COVERAGE RIGHTS UNDER COBRA**

Note: Federal COBRA applies to group health plans maintained by private-sector, state, and local government employer *with 20 or more employees*. Group health plans sponsored by the federal government or churches are exempt from COBRA. For Wisconsin employers, State Continuation applies to insured group health plans providing medical/hospital coverage. Dental, vision, and prescription drug benefits are not subject to state continuation if they are offered as separate policies. Employer self-funded plans are not subject to these requirements. Outside of Wisconsin -refer to your state specific laws or carrier for further information.

INTRODUCTION

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage may be required to pay for COBRA continuation coverage. Your employer will provide you with the information should you experience a qualifying event.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies.
- Your spouse's hours of employment are reduced.
- Your spouse's employment ends for any reason other than his or her gross misconduct.
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.
- Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:
 - The parent-employee dies.
 - The parent-employees' hours of employment are reduced.
 - The parent-employee's employment ends for any reason other than his or her gross misconduct.
 - The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both).
 - The parents become divorced or legally separated; or
 - The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA Continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment.
- Death of the employee.
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

How is COBRA Continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-month period of COBRA Continuation coverage:

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event extension of 18-month period of continuation:

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA Continuation coverage after my group health plan coverage ends?

In general, if you do not enroll in Medicare Part A or B when are you first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group plan health coverage based on current employment ends

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

Questions concerning your Plan, or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of Address Changes: To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information: Your employer's Human Resource Department or individual in charge of Benefits Administration within your organization.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998**Enrollment Notice**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator for more information.

NOTICE OF PATIENT PROTECTIONS

Under the ACA, group health plans and issuers that require the designation of a participating primary care provider must permit each participant, beneficiary and enrollee to designate any available participating primary care provider (including a pediatrician for children). Additionally, plans and issuers that provide obstetrical/gynecological care and require a designation of a participating primary care provider may not require preauthorization or referral for such care. If a health plan requires participants to designate a participating primary care provider, the plan or issuer must provide a notice of these patient protections whenever the SPD or similar description of benefits is provided to a participant. If your employer's plan is subject to this notice requirement, they will provide this information in the open enrollment materials and/or the Summary Plan Description (SPD).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your State for more information on eligibility -

IOWA – Medicaid Website: <http://dhs.iowa.gov/ime/members> Phone: 1-800-338-8366 **CHIP (Hawki)**: <http://dhs.iowa.gov/Hawki> Phone: 1-800-257-8563. **HPP** Website <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp> HIPP Phone: 1-888-346-9562

WISCONSIN – Medicaid and CHIP Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>
Phone: 1-800-362-3002

MINNESOTA – Medicaid Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp> **Phone: 1-800-657-3739**

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137. Expires 01/31/2026

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE:

When key parts of the health care law took effect in 2014, there is a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. The open enrollment period each year for health insurance coverage through the Marketplace runs from Nov. 1 through Dec. 15 of the preceding year. After the open enrollment period ends, you can get coverage through the Marketplace only if you qualify for a special enrollment period or are applying for Medicaid or the Children's Health Insurance Program (CHIP).

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% (2024) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

HIPAA PRIVACY INFORMATION. YOUR RIGHTS. OUR RESPONSIBILITIES.

This *simplified notice* describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated
- You can complain if you feel we have violated your rights by contacting your HR Department
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints

We will not retaliate against you for filing a complaint.

Our Uses and Disclosures:

Help manage the health care treatment you receive:

We can use your health information and share it with professionals who are treating you. *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

Run Our Organization:

We can use and disclose your information to run our organization and contact you when necessary. We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. *Example: We use health information about you to develop better services and plan design for our company.*

Pay for Your Health Services:

We can use and disclose your health information as we pay for your health services. *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

Administer your Plan:

We may disclose your health information to your health plan sponsor for plan administration. *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

How Else can we use or Share your Health Information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Our Responsibilities:

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice: We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, or you can request we mail a copy to you. This is a summary of information only.

CONSOLIDATED APPROPRIATIONS ACT DISCLOSURE FOR PLAN MEMBERS

The Consolidated Appropriations Act (CAA) is a comprehensive set of laws that include the No Surprises Act (NSA) and transparency provisions. Plan Sponsors are required to post an NSA Notice in a prominent location in the workplace and/or post a link to the NSA Notice on the searchable home page of their websites. The Department of Labor (DOL) has provided a model notice, which should be used for plan years beginning on or after January 1, 2022.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is “Balance Billing” (sometimes called “surprise billing”)?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay, and the full amount charged for a service. This is called “balance billing.” This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are Protected from Balance Billing for:

Emergency Services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You **can't** be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain Services at an In-Network Hospital or Ambulatory Surgical Center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers **can't** balance bill you and may **not** ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers **can't** balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protection from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When Balance Billing isn't Allowed, you also have the Following Protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.
- Your health plan generally must:
 - Cover emergency services without requiring you to get approval for services in advance (prior authorization).
 - Cover emergency services by out-of-network providers.
 - Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
 - Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

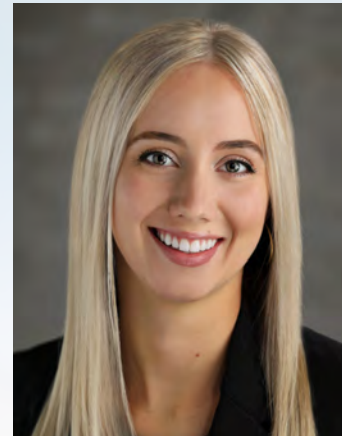
If you believe you've been wrongly billed, you may contact the Department of Health and Human Services to reach the entity responsible for enforcing the federal balance or surprise billing protection laws at 1-800-985-3059. Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.



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